

SERIAL NUMBER 09/182,862 REISSUE	FILING DATE 10/21/98	CLASS 351	GROUP ART UNIT 2833	ATTORNEY DOCKET NO. CONT1013SRM/
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APPLICANT: RICHARD CHAO, TAWAIN, TAIWAN.

\*\*CONTINUING DOMESTIC DATA\*\* Yes \*\*\*\*\*  
 VERIFIED THIS APPLN IS A RE OF 08/554,854 11/07/95 PAT 5,568,207  
HM

\*\*371 (NAT'L STAGE) DATA\*\* None \*\*\*\*\*  
 VERIFIED  
HM

\*\*FOREIGN APPLICATIONS\*\* None \*\*\*\*\*  
 VERIFIED  
HM

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TWX	SHEETS DRAWING 2	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 11
Verified and Acknowledged	Examiner's Initials <u>HM</u>	Initials _____				

ADDRESS: SHELDON R MEYER  
 FLIESLER DUBB MEYER AND LOVEJOY  
 FOUR EMBARCADERO CENTER  
 SUITE 400  
 SAN FRANCISCO CA 94111-4156

TITLE: AUXILIARY LENSES FOR EYEGLASSES

FILING FEE RECEIVED  \$970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**

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<b>SERIAL NUMBER</b> 09/182,862	<b>FILING DATE</b> 10/21/1998 <b>RULE</b> -	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> CONT1013SRM/	
<b>APPLICANTS</b> RICHARD CHAO, TAWAIN, TAIWAN; <b>** CONTINUING DATA *****</b> <i>Yes</i> <i>HM</i> THIS APPLICATION IS A REI OF 08/554,854 11/07/1995 PAT 5,568,207 <b>** FOREIGN APPLICATIONS *****</b> <i>None</i> <i>HM</i> <div style="text-align: center;"><b>** SMALL ENTITY **</b></div>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>HM</i> Acknowledged <i>HM</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TAIWAN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 11
<b>ADDRESS</b> SHELDON R MEYER FLESER DUBB MEYER AND LOVEJOY FOUR EMBARCADERO CENTER SUITE 400 SAN FRANCISCO ,CA 941114156					
<b>TITLE</b> AUXILIARY LENSES FOR EYEGLASSES					
<b>FILING FEE RECEIVED</b> 1264	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		